HIGH TIDE
ASSOCIATES

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THIS FORM IS FOR THE LEGENDS OWNERS ONLY

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF EACH MONTH.

I (we) hereby authorize High Tide Associates (HTA), hereinafter called **COMPANY,** to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Banking Information:

Depository Name: _____ Branch: _____
(Bank Name) (Location)

City: _____ State: _____

Routing Number: _____ Account Number: _____

☐ Checking Account ☐ Savings Account

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

If you wish to stop direct draft you must notify High Tide Associates in writing, including the date you would like the services to be discontinued.

Your Personal Information:
Please Print

Regime Name: _____ Unit Number: _____

Name(s): _____

Phone Number: _____ day _____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS AUTHORIZATION FORM